



WILLIAMSON COUNTY
Department of Sewage Disposal Management
1320 West Main St., Suite 411, Franklin, Tennessee 37064
Phone # 615-790-5751 Fax # 615-595-1293
www.williamsoncounty-tn.gov

BOARD OF HEALTH APPLICATION FOR HEARING

Applicant Name: _____ Date: _____

Applicant Mailing Address: _____
(Street) (City) (Zip)

Applicant Phone #: _____ Mobile Phone #: _____

Owner Name: _____

Owner Mailing Address: _____
(Street) (City) (Zip)

Site Address: _____
(Street) (City) (Zip)

Subdivision: _____ Lot #: _____

Owner Phone #: _____ Mobile Phone #: _____

Tax Map: _____ Parcel #: _____ Received by: _____
(SDM Staff)

Applicant/Owner's Statement

I am requesting a hearing with the Board of Health for the following reason:

(Applicant Signature) Date: _____

If you are unable to attend the hearing, you will need to appoint someone to represent you by completing a Limited Power of Attorney to speak on your behalf.

INFORMATION BELOW TO BE COMPLETED BY SDM STAFF

Hearing Date: _____

Adjacent Property Owners Notified: ☐ Yes ☐ No Date: _____

(SDM Signature) Date: _____

Sewage Disposal Management accepts only the original Board of Health Application for Hearing form with color Williamson County seal, and original signatures. No photocopies, emailed copies, or faxed copies will be accepted.